

Iowa Department of Public Health: Recruitment and Retention Strategies for Iowa's Healthcare Workforce

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IDPH Vision and Mission

Vision: Healthy Iowans living in healthy communities

Mission: Promoting and Protecting the Health of Iowans

Goal: Strengthen the Public Health Infrastructure

- Assure an adequate and competent public health workforce

IDPH Divisions

- Acute Disease Prevention and Emergency Response
- Administration and Professional Licensure
- Behavioral Health
- Environmental Health
- Health Promotion and Chronic Disease Prevention
- Tobacco Use Prevention and Control
- Director's Office

Bureau of Health Care Access

- Within Health Promotion and Chronic Disease Prevention
- **Vision:** Iowa's community health, primary health care and rural health care needs will be met.
- **Mission:** Assuring the provision of essential public health services through assistance to internal and external customers, including both the private and public sector, and promoting collaborative programming and policy and both the state and local levels to assure access to health care.

Bureau of Health Care Access (cont.)

- Primary Care Office
- Iowa Health Workforce Center
- Recruitment and Retention Programs
- Health Reform
- Other Programs, including State Office of Rural Health, Critical Access Hospital/FLEX, Small Hospital Improvement Program (SHIP)

Primary Care Office

- Each state and several territories have a PCO – PCOs are funded through the US Health Resources and Services Administration (HRSA).
- Mission: Expand access to primary care in the state of Iowa with a focus on underserved populations.
 - Analysis and request for designation of Health Professional Shortage Areas (HPSAs) and other shortage designations in Iowa
 - Oversight of J-1 Visa Waiver program in Iowa
 - Oversight of National Health Service Corps loan repayment program in Iowa
 - Coordination of state-funded contracts for the Health Care Safety Net and several workforce specific programs
 - Coordination with Iowa/Nebraska Primary Care Association activities and development of new Federally Qualified Health Centers
 - Other duties as assigned!

Iowa Health Workforce Center

- Established in 2002 with Federal funds
- Result of partnership of Task Force on Nursing Shortage, the Iowa Council of Nurses, the Iowa Care Givers Association and others.
- Funds were available through 2006.

Iowa Health Workforce Center (cont.)

Program Goals

- Expand the Iowa Nurse Tracking System to all counties in Iowa and other health workers.
- Support best practices for recruitment and retention of health workers.
- Conduct data collection and sharing about the health workforce in Iowa.
- Serve as a central point of contact for health workforce supply and demand in Iowa.
- Support federal initiatives to designate shortage areas for nurses and other health workers.

Currently coordinates the work of the Health and Long Term Care Access Advisory Council

Recruitment and Retention Programs

- State Loan Repayment Program (PRIMECARRE) – a state/federal match program that provides loan repayment for eligible health professionals
- 3RNet – National Rural Recruitment and Retention Network
- National Health Service Corps – federal loan repayment program
- Mental Health Shortage Area Program – state funded program for recruitment/retention of psychiatrists
- Mental Health Training Programs
 - Cherokee Mental Health Institute – 1-year residency for NPs and PAs in psychiatry
 - University of Iowa – 1-year fellowship for PAs in psychiatry
 - Iowa Psychological Association – 1-year internship for post-doc clinical psychologists at Community Mental Health Center in Grinnell

Health Care Reform

- 2008 – House File 2539
- IDPH Coordinates 7 panels/councils/committees:
 - Clinicians Advisory Panel
 - Direct Care Worker Advisory Council
 - Electronic Health Information Advisory Council
 - Governor's Council on Physician Fitness and Nutrition/Prevention and Wellness Initiatives
 - Health and Long Term Care Access Advisory Council
 - Medical Home System Advisory Council
 - Patient Autonomy in Health Care Decisions Pilot Project Advisory Council
 - Prevention and Chronic Care Management Advisory Council

Health and Long Term Care Access Advisory Council

- Coordinated/managed by the Iowa Health Workforce Center
- The Council is helping the Department:
 - develop a strategic plan for health care delivery infrastructure and health care workforce resources in Iowa;
 - develop data collection methods;
 - make recommendations on the health care delivery infrastructure and the health care workforce that assist in monitoring current needs, predicting future trends, and informing policymaking.

HLTCA Advisory Council (cont.)

- Strategic Plan Phase I released Jan 2010
- Key Recommendations from IDPH (based on Council's report):
 - Codify the Iowa Health Workforce Center as the state's coordination point to address health workforce concerns in Iowa.
 - Target and fund loan repayment and other R&R strategies to serve underserved; target financial assistance for minority students
 - Support educational institutions, including Area Health Education Centers, and other entities in their efforts to create or update training, curricula and practicum experiences to support health reform.

Health Professional Shortage Areas

Health Professional Shortage Areas

- US Health Resources and Services Administration (HRSA) - Shortage Designation Branch provides guidelines for determining federally qualified shortage areas.
 - State Primary Care Offices analyze and submit requests for shortage designations to HRSA.
 - Iowa Primary Care Office includes Bobbi Buckner Bentz and Lloyd Burnside – Lloyd collects information for shortages and submits applications to HRSA.
- Shortage designations indicate geographic areas with a shortage of primary care providers, mental health providers, and dental providers – according to HRSA.
- In Iowa, many of our shortage areas are entire counties, some are census tracts or groupings of census tracts or townships.

Types of Designated Shortage Areas

- Health Professional Shortage Areas (HPSAs)
 - Most common, refer to a shortage in a geographic area for primary care, dental care, or mental health care
 - Primary care HPSA, Dental HPSA, mental health HPSA
- Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs)
 - Refer to a specific population group in a defined area
- Facility HPSA designations
 - Specific to facilities that meet specific ratios of population to provider (example: prisons)
- Automatic HPSA designations
 - Provided to certain types of facilities that have difficulty recruiting but may not be physically located in a HPSA (example: Rural Health Clinics)

Benefits of Shortage Areas

- When an area is designated as one of the various types of shortage, facilities in the area are provided access to:
 - National Health Service Corps loan repayment program and placement of scholars
 - State loan repayment program (PRIMECARRE)
 - J-1 visa waiver physicians
 - Other programs such as Rural Health Clinic certification, Federally Qualified Health Center Status, some state-funded programs, among others.
 - Around 40 federal programs require shortage designation information in grant applications or to determine funding
- Some shortage designations provide a 10% Medicare bonus payment for professional physician services provided in the service area. <http://www.cms.hhs.gov/hpsapsaphysicianbonuses/>

Shortage Designation & Program

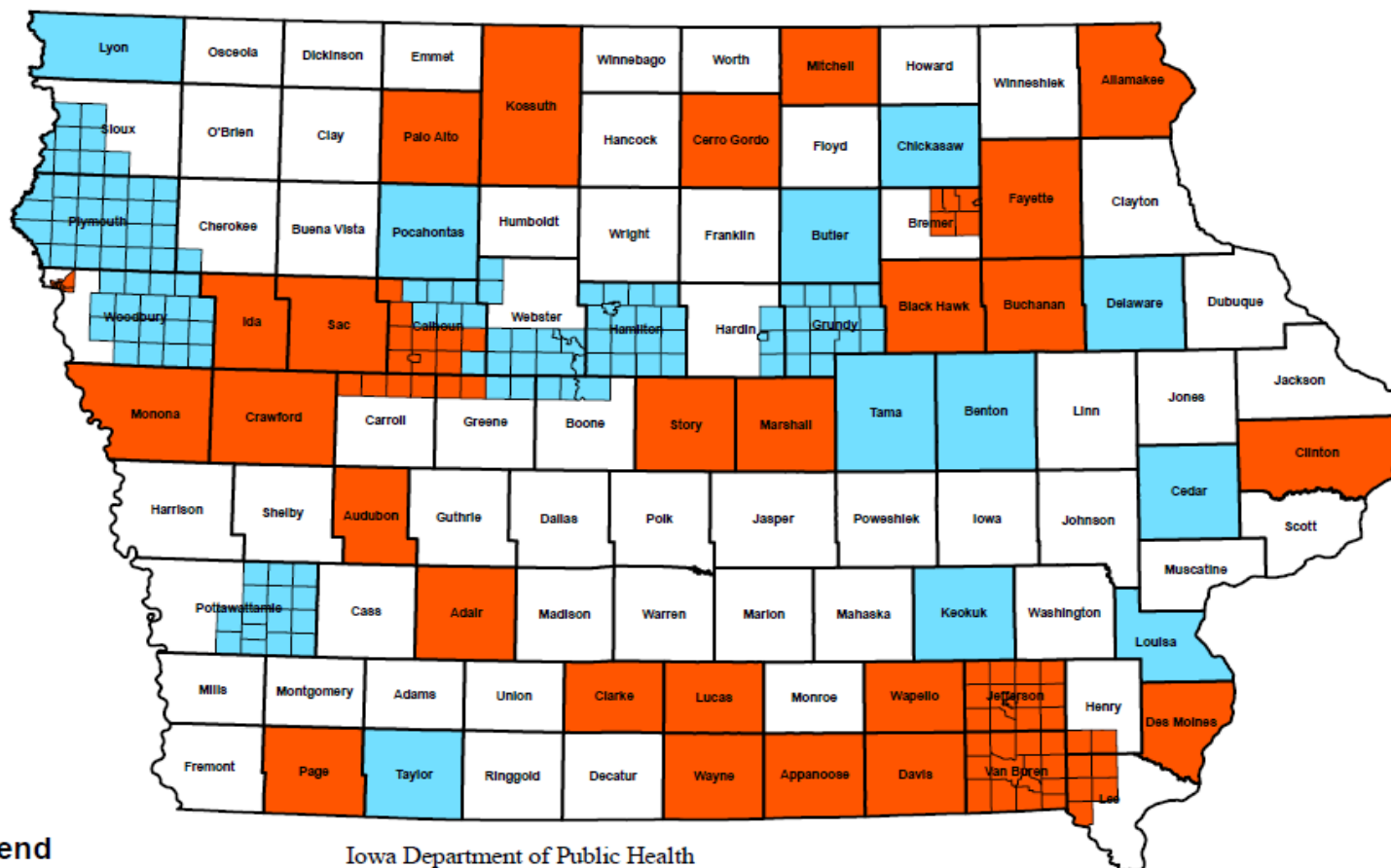
Shortage Designation	Federal or State program requiring Shortage Designation						
	J-1 Visa Waiver	Nat'l Health Service Corps	State Loan Repayment	Federally Qualified Health Center	Rural Health Clinic	Medicare Bonus Payment	State Mental Health Shortage Area Program
Primary Care HPSA							
• Geographic HPSA	✓	✓	✓			✓	
• Population HPSA	✓	✓	✓				
Dental Care HPSA							
• Geographic HPSA		✓	✓				
• Population HPSA		✓	✓				
Mental Health HPSA	✓	✓	✓				✓
Medically Underserved Area or Population	✓			✓	✓ (MUA only)		
Governor's HPSA					✓		
Automatic & Facility HPSAs (RHCs, FOHCs, & Correctional Facilities)	✓	✓	✓				

Primary Care HPSAs

- When looking at an area for a HPSA, we take two approaches...
 - 1st: Geographic HPSA: Ratio of primary care physician provider FTEs to resident civilian population
 - 3,500 residents to 1 primary care physician FTE = a HPSA
 - If area has high needs, 3,000 to 1 PC physician FTE = a HPSA
 - 2nd: Population group HPSAs: Ratio of the population in the service area at or below 200% of poverty level to FTE physicians serving this population.
 - 3,000 residents to 1 physician FTE serving population = a HPSA *if*
 - 30% of population is also at or below 200% of federal poverty level
- Both types of Primary Care HPSAs are required to be re-analyzed every 4 years for re-designation or de-designation.

Current Iowa Primary Care HPSAs

Federal Primary Health Care Shortage Designations January 2010



Legend

- County Boundaries
- Geographic
- Pop-Low Inc

Iowa Department of Public Health

POC: Lloyd Burnside 515-242-6879 or Lloyd.Burnside@idph.state.ia.us

POC: Bobbi Buckner Bentz 515-281-7223 or Bobbi.Buckner@idph.state.ia.us

Disclaimer: This map is a snapshot of the Health Professional Shortage Area (HPSA) designations for Iowa as of 1/5/2010 and should not be used for the determination or approval of programs requiring a shortage designation.

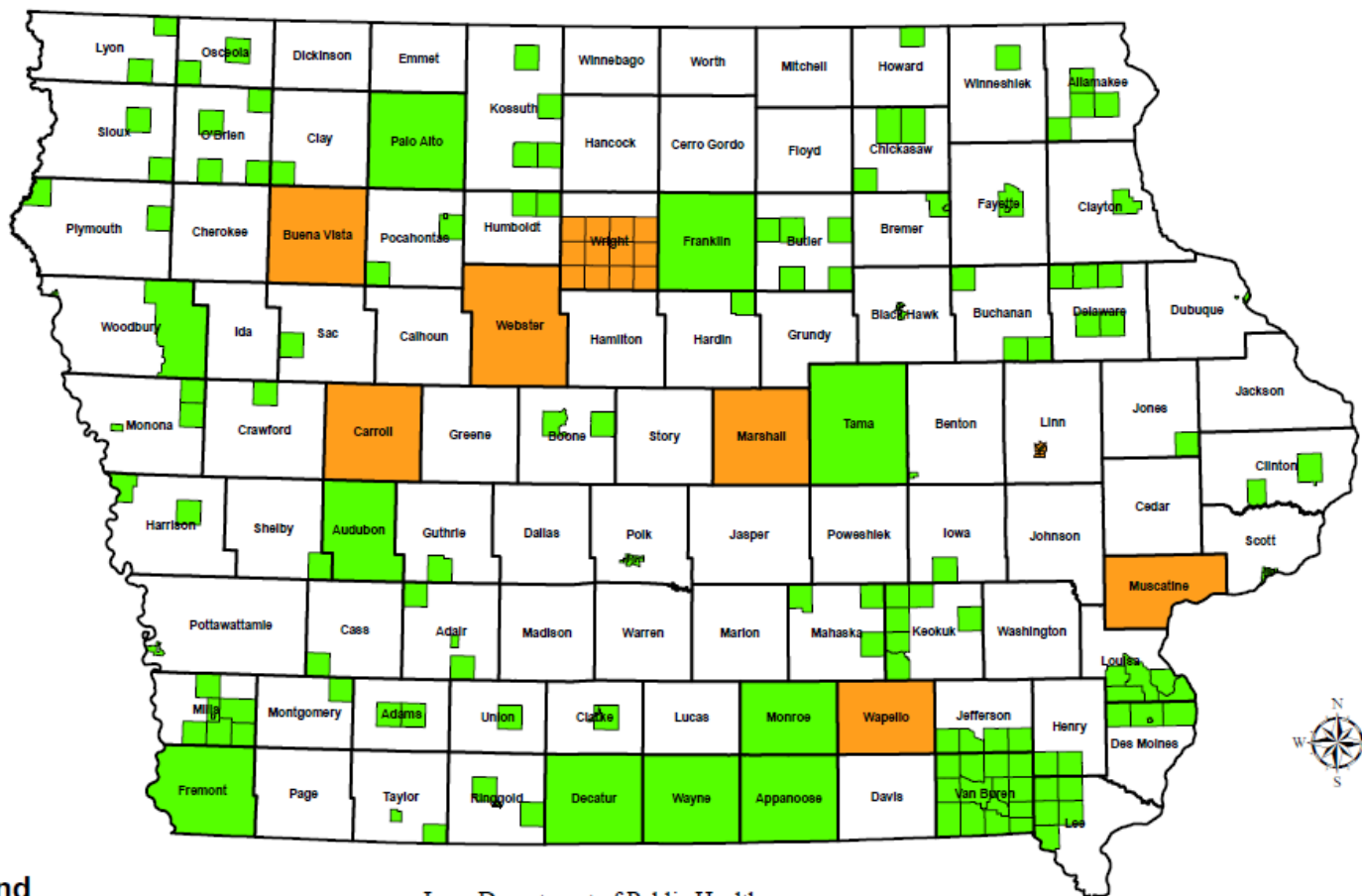
The official site for determination of shortages is: <http://hpsafind.hrsa.gov>.

Medically Underserved Areas/Medically Underserved Populations

- Iowa's Medically Underserved Area and Medically Underserved Population designations are a mixture of whole-county and partial county designations.
- The PCO submits a request to HRSA to designate an area as an MUA or MUP when the area meets HRSA guidelines by using a specific mathematical formula that scores geographic areas on four criteria:
 - 1) percentage of population below poverty,
 - 2) percentage of population over age 65,
 - 3) infant mortality rate, and
 - 4) primary care physicians per 1,000 population.
- Once an MUA/MUP – always an MUA/MUP.



MUA/MUP Map

Federal Medically Underserved Areas & Populations (MUA/Ps)
Designations as of January 2010



Legend

Number of Designations

-  MUA - 76
 MUP - 7

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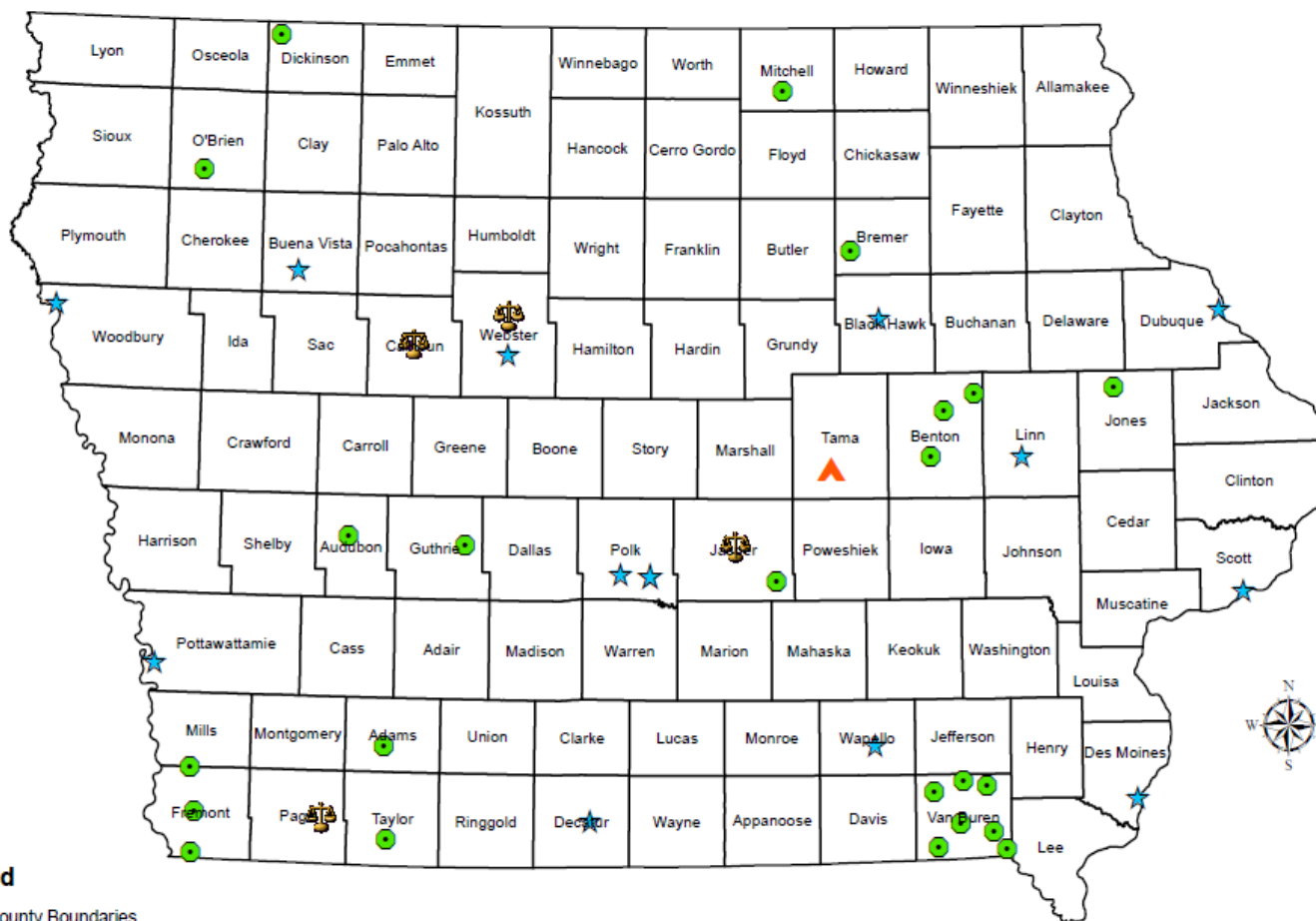
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Disclaimer: This map is a snapshot of the Medically Underserved Areas & Populations (MUA/Ps) for Iowa as of 1/05/2010 and should not be used for the determination or approval of programs using a MUA designation. The official web site for determination of the MUA designation is: <http://muafind.hrsa.gov>.

Updated-01/2010-Ffb

Automatic and Facility HPSAs

Federal Facility Shortage Designations January 2010



Legend

- County Boundaries
- Rural Health Clinics - 23
- ★ Community Health Clinics - 13
- ⚖️ Correctional Facilities - 5
- ▲ Native American Tribal Population - 1

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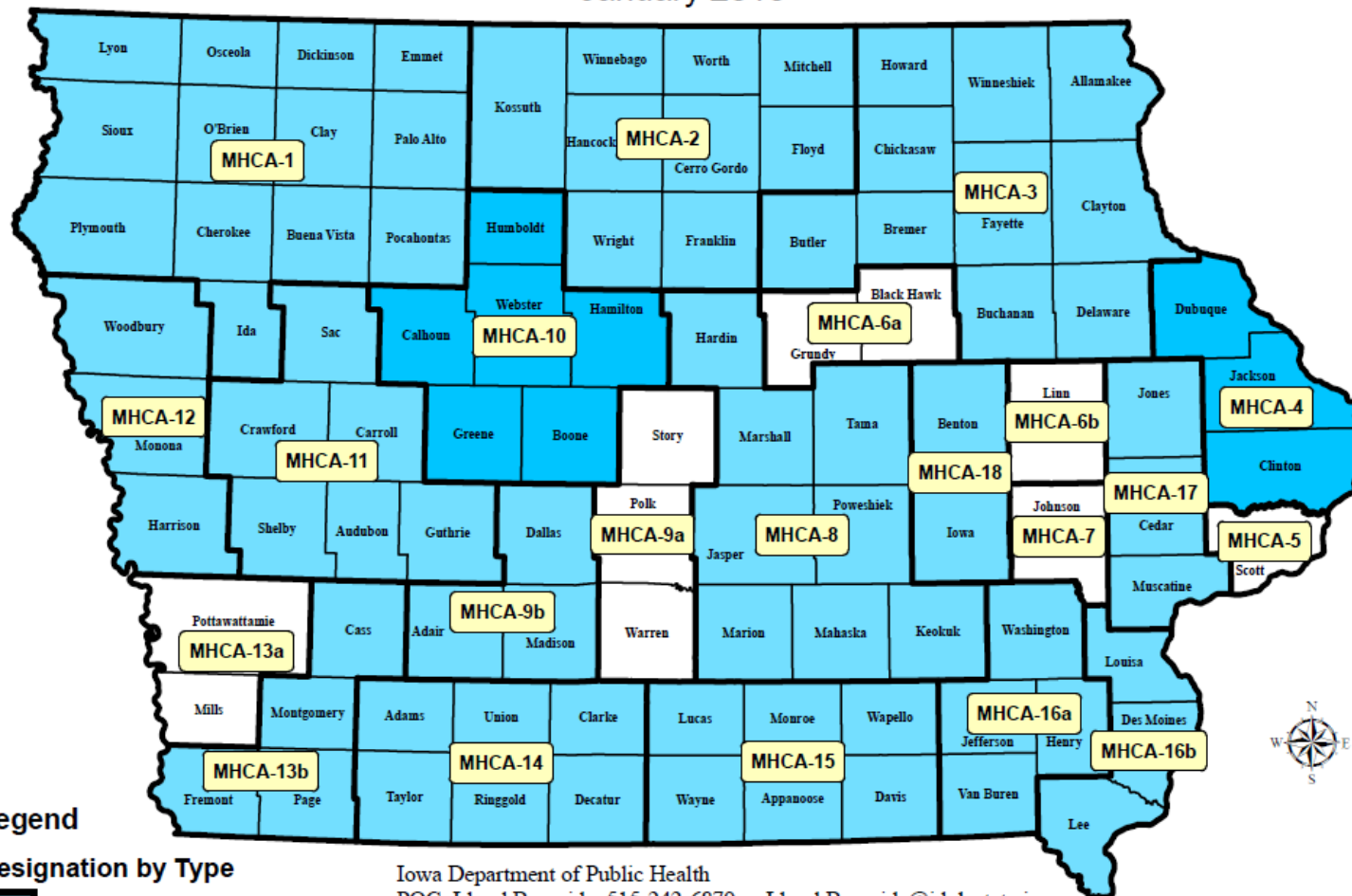
Disclaimer: This map is a snapshot of the Federal Facility Health Professional Shortage Area (HPSA) designations for Iowa as of 1/5/2010 and should not be used for the determination or approval of programs requiring a shortage designation. The official site for determination of shortages is: <http://hpsafind.hrsa.gov>.

Mental Health HPSAs

- Iowa's mental health HPSAs are comprised of groupings of counties referred to as "mental health catchment areas"
- HPSA = population-to-psychiatrist ratio greater than 30,000 residents to 1 psychiatrist.
 - If the area has high needs, defined by having high poverty OR high youth ratio OR high elderly ratio OR high substance abuse prevalence, then the area may qualify at a 20:000:1 ratio.
- Mental Health Care HPSAs are required to be re-analyzed every 4 years for re-designation or de-designation

Mental Health HPSA Map

Federal Mental Health Care Shortage Designations January 2010



Legend

Designation by Type

- Geographic -14
- Geographic High Need - 2
- Not Eligible - 6

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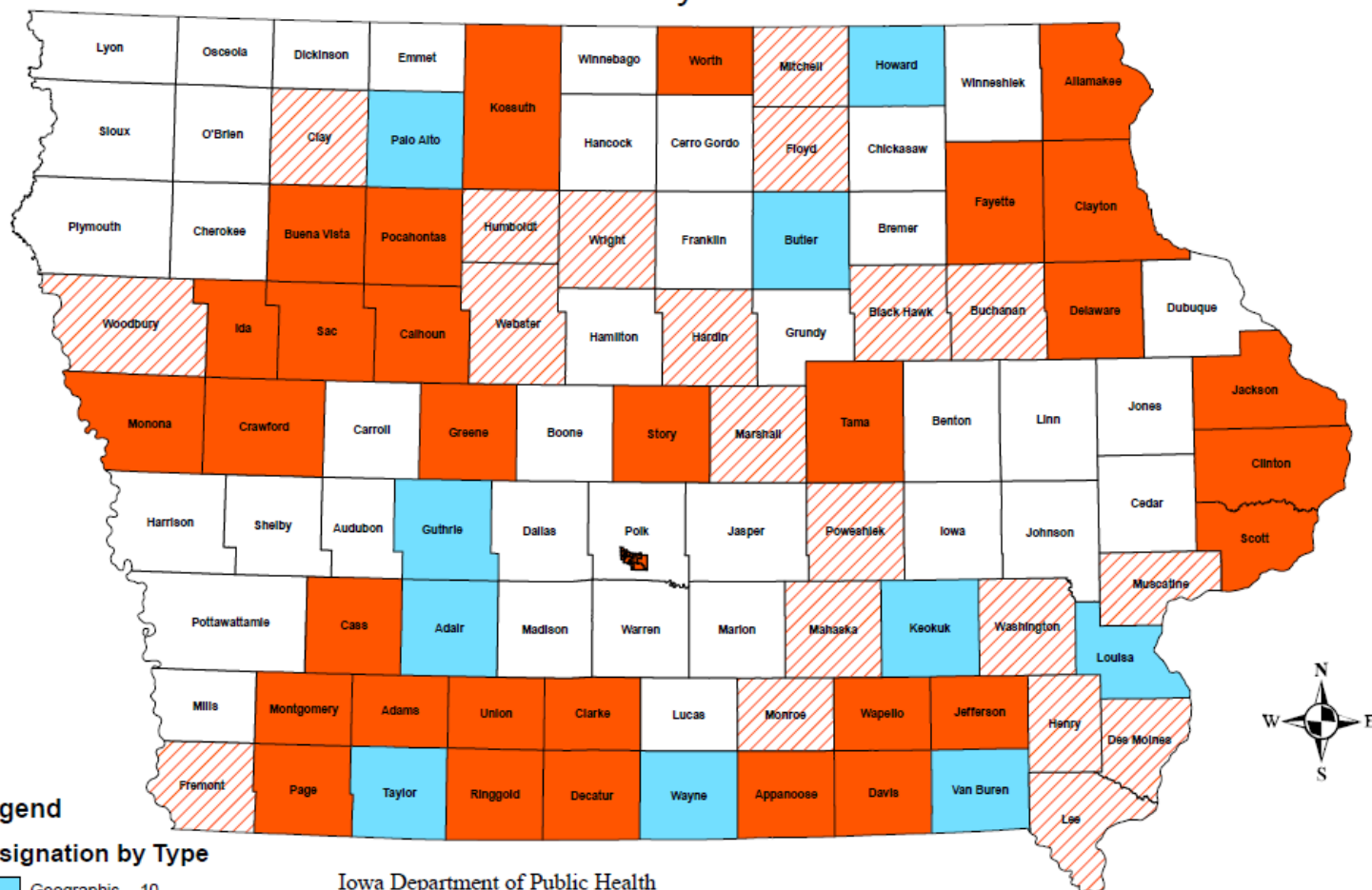
Map Updated: 01/2010-jbh

Dental Health HPSAs

- Iowa's dental health HPSAs are all whole-county HPSAs except for one small HPSA in the Des Moines metropolitan area that is only a portion of Polk County.
- 3 Methods of Analysis:
 - Geographic HPSA = 5,000 residents to 1 dental provider FTE
 - Population low-income HPSA = 4,000 residents at or below 200% of poverty to 1 dental provider FTE serving this population
 - Population Medicaid-eligible HPSA = 4,000 residents in service area eligible for Medicaid to 1 provider FTE serving this population
- Dental Health Care HPSAs are required to be re-analyzed every 4 years for re-designation and de-designation.

Dental HPSA Map

Federal Dental Health Care Shortage Designations January 2010



Iowa Department of Public Health

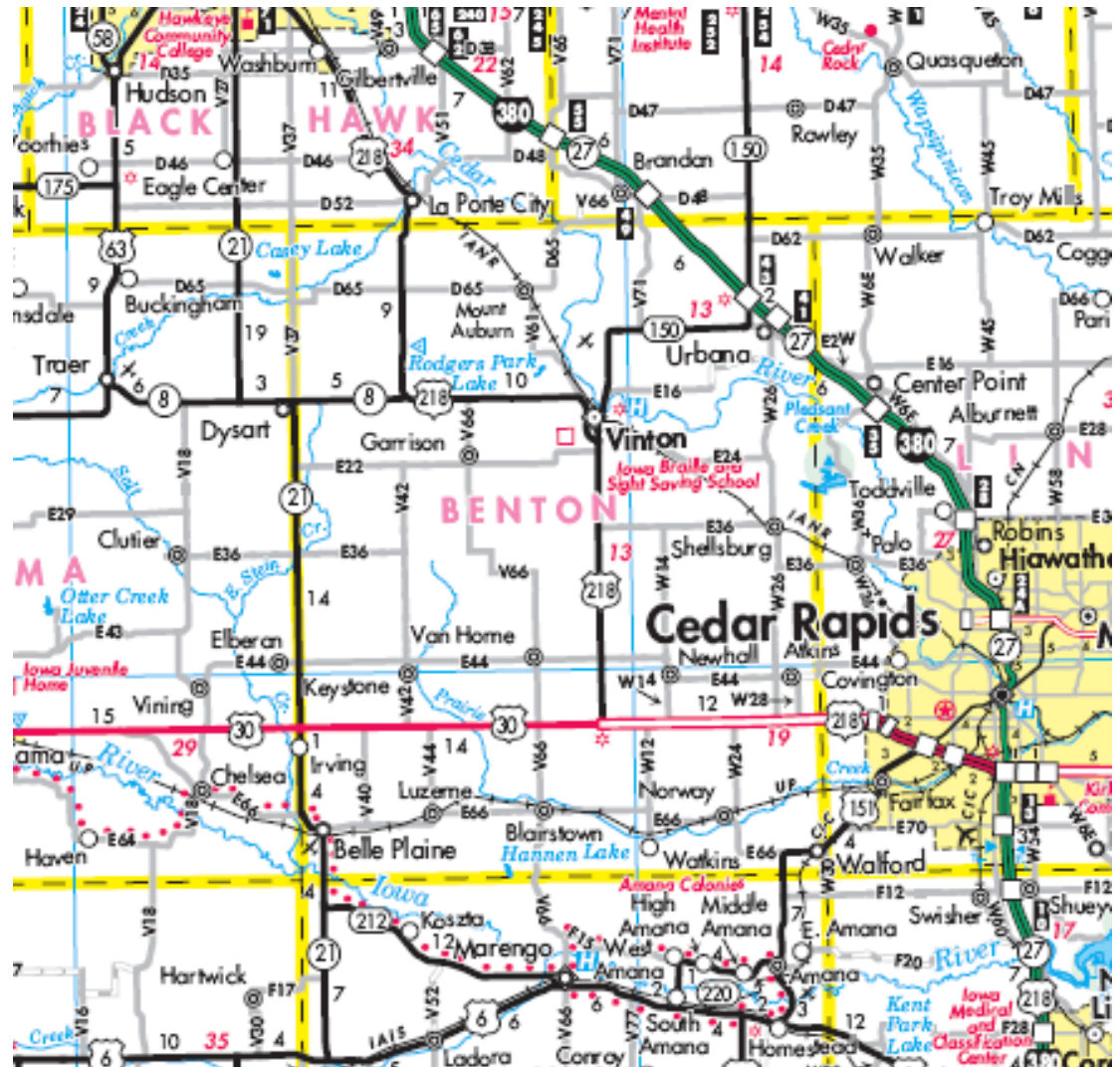
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HPSA Example...

- The PCO is contacted by a clinic administrator in Benton County, Iowa interested in a HPSA possibility as she would like to utilize loan repayment through NHSC.



HPSA example, continued

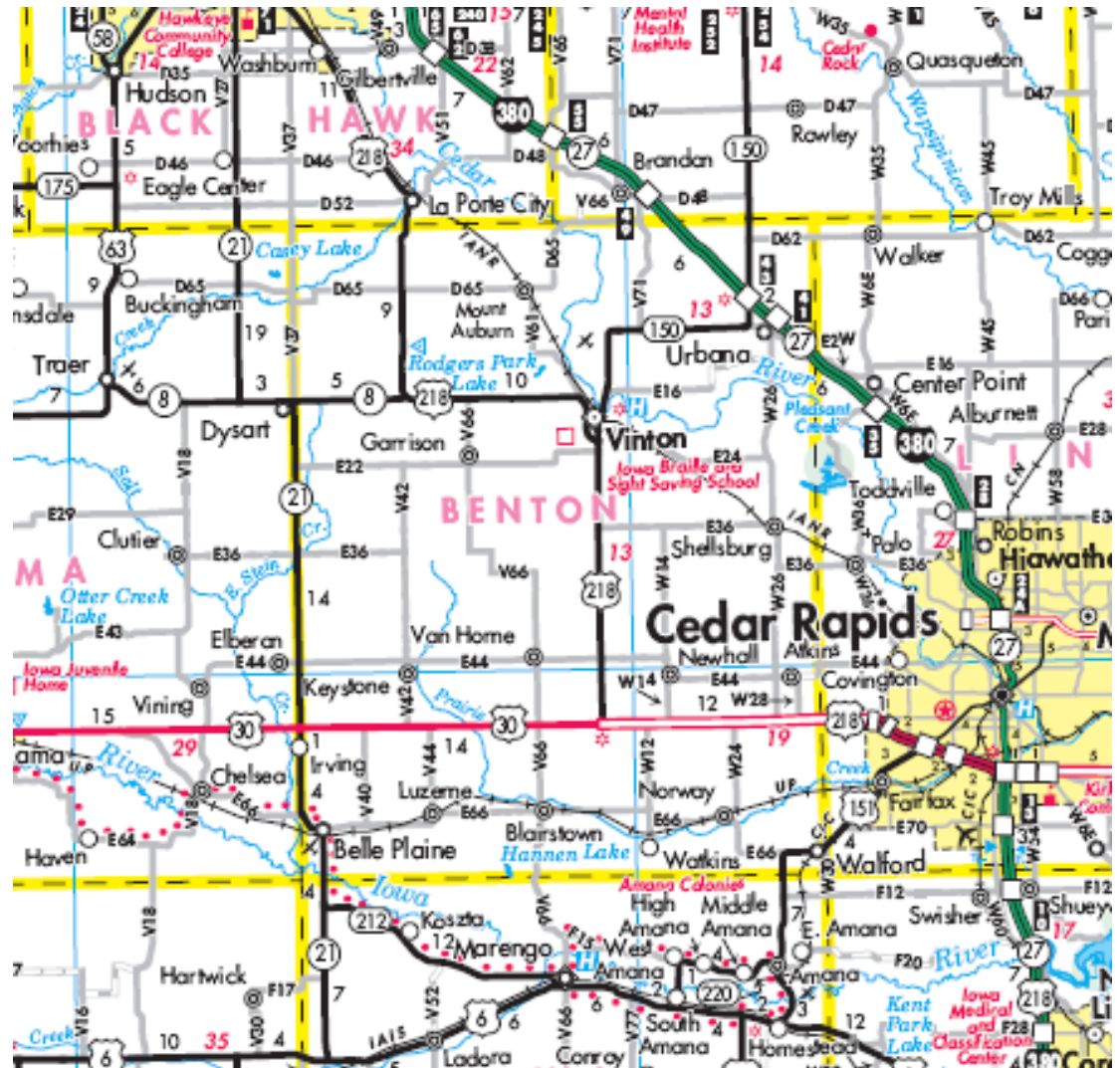
- First, look at most basic view for a geographic HPSA (3500:1 ratio).
 - Determine “rational service area” – HRSA considers an entire county “rational”.
 - Use census information provided by HRSA to determine “resident civilian population” by removing populations in group quarters such as dorms or nursing homes
 - Use physician information received from Iowa Physician Tracking Database
 - Determine all primary care docs in service area (FP, IM, Peds, OB)
 - Double check physicians and FTEs via contacts in Benton County
 - Can reduce FTEs of physicians for time spent in administration, teaching, research, inpatient care, ER, locum tenens – only count direct patient care per week.
 - Can reduce FTE to 0 of physicians under NHSC loan repayment obligation and J-1 visa waiver obligations

HPSA Example, continued

- Total resident civilian population = 26,424
- Primary Care Providers: 4 at 1 FTE
 - Ratio: 6606:1
 - Currently qualifies at 3500:1
- Population at 200% poverty: 21.38%
 - (would not qualify for a low-income HPSA)
- Contiguous areas to consider: all surrounding counties which include Black Hawk and Linn
 - Need to determine if contiguous areas are accessible or not

HPSA example, continued

- Mapping software provides us information on “nearest source of care”
- Determine mileage between nearest sources
- Determine if nearest sources are overutilized or in HPSAs



HPSA example, cont

- If after adjusting for FTEs the population to provider ratio was LESS THAN 3500:1, would then move to determining if the area qualifies as a low-income HPSA.
 - Determine population in area at 200% of poverty level or below. Also check to see if 30% of population in the area is at 200% of poverty level or less (remember Benton was only 21%)
 - Survey physicians to determine FTE spent treating this population (Medicaid and sliding-fee-scale patients)

Shortage Designation issues

- HPSAs also receive a “score” from HRSA to indicate the severity of the shortage...scores play into NHSC scholarship and at times loan repayment.
- Need cooperation and timely feedback from sites to determine appropriate FTE and Medicaid FTE for accurate HPSA designations. Designations require feedback from 2/3 of all docs in service area.
- The designation occurs at a snapshot in time, every four years, although physician FTE is constantly changing.
- HRSA has proposed new methodology for changing HPSAs which would mean a whole new ballgame.

Questions?!

Contact with further shortage designation questions:

Bobbi Buckner Bentz

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Look up your site's HPSA information at:

<http://hpsafind.hrsa.gov/>

PRIMECARRE: Iowa's State Loan Repayment Program

History

- Federal (HRSA) Program
- Since 1994
- 1:1 nonfederal match (historically state appropriated funds)
- Purpose: to support local efforts to recruit and retain qualified healthcare practitioners to provide primary care services in Iowa
- In Iowa, the Primary Care Recruitment and Retention Endeavor (PRIMECARRE)

Practice Site Requirements

- Public or non-profit
- Federally-designated HPSA
- Sliding fee scale, accept Medicaid and Medicare
- Employment contract must be in place

Applicant Eligibility

- Full-time
- U.S. citizen
- Education-related debts
- No unfulfilled practice obligation to federal, state, local government or other entity (such as employer)
- Certification or license to practice in Iowa
- Serve all patients regardless of ability to pay

Applicant Eligibility (cont.)

Primary care physician

Dentist

Dental Hygienist

Physician Assistant

Nurse Practitioner

Certified nurse Midwife

Clinical Psychologist

Clinical Social Worker (LISW only)

Psychiatric nurse specialist

Mental Health Counselor

Marriage and Family Therapist

Award Process

- RFP Annually
- Competitive
- Review Committee – scoring based on community need and provider narratives about personal experience and commitment
- Two-year contract awarded
- Funds disbursed annually
- 2010 – 2 rounds of funding
 - February/March 2010
 - Fall 2010

Provider Requirements

- 6-month reporting:
 - Contact information updates
 - Number of patient encounters per month
 - Number of Medicare/Medicaid patients per month
 - Description of geographic service area
 - Work schedule
 - Short narrative of day-to-day experiences

Funding Disbursement

- Through contract with Iowa College Student Aid Commission (ICSAC)
- Annually
- Provider must submit lender information to ICSAC
- ICSAC disburses funds directly to lender, once reporting requirements are complete by provider

Awards Issued 2007-2009

Type of Professional	Number of Individuals Awarded	Total Amount Awarded (Federal and State Funding)
Clinical Psychologists	2	\$117,348
Dental Hygienists	1	\$30,000
Dentists	1	\$80,000
Independent Social Workers	2	\$43,086
Nurse Practitioners	2	\$98,151
Mental Health Counselors	2	\$45,182
Physician Assistants	4	\$136,740
Physicians	4	\$204,247.00
Total	18	\$ 754,754.00

Lowans Served by PRIMECARRE Recipients

Calendar Year	Visits	Medicaid	Medicare
2007	25,595	4,554	3,187
2008	30,837	5,586	2,632
2009*	17,127	4,417	1,234
Total	73,559	14,557	7,053

*2009 data only includes first reporting period (January-June 2009)

National Health Service Corps

National Health Service Corps Overview

- Federally-funded scholarship and loan repayment program for primary care medical, dental, and mental health providers.
 - NOT a branch of the armed services
- NHSC scholars receive scholarship while completing their health professions education and then have an obligation to practice in a designated HPSA for the same period of time for which they received scholarship.
- NHSC loan repayors receive up to \$50,000 in loan repayment in exchange for two years of employment in a designated Health Professional Shortage Area.
 - Loan repayors can amend their contract at the end of their two years of service in order to extend their service commitment and to receive additional loan repayment.

NHSC Scholar Program

- The Scholar program provides scholarship while clinicians are in school, with the obligation to practice primary care in an underserved area for the amount of time equal to the scholarship.
 - Iowa does not have many scholars as scholar placement is tied to HPSA score (only dental currently, could have psychiatrists)
 - From a recruitment/pipeline standpoint, NHSC is not a program to gear Iowa students toward because they will have difficulty practicing in Iowa.

NHSC Loan Repayment

- In the past, few Iowa clinicians received loan repayment because of Iowa's relatively low HPSA scores and limited NHSC funding
 - Recall: HPSAs are scored based on severity of need and NHSC uses these scores to qualify applicants for loan repayment and to place scholars
- NOW: ARRA greatly funded NHSC (\$196 million for loan repayment = ~4200 awards) and there is additional annual FY NHSC funding to be spent. Health Reform legislation also greatly expands NHSC into the future.
 - Loan repayment is now available on a rolling application process until ARRA funds are expended!
 - Sites can have many loan repayors at once instead of only 1 or 2!

NHSC loan repayment – how it works

- Sites need to be located in a HPSA appropriate for the type of provider seeking loan repayment
 - Example: Family physician wanting loan repayment needs to be at a facility in a primary care HPSA
- Site must provide outpatient primary care
 - Example: No ER
- Site must complete or have a current Site Recruitment & Retention Application with NHSC.
 - Application and Instructions:
 - <http://nhsc.hrsa.gov/communities/siteapplicationinstructions.pdf>
- Sites can use NHSC for both recruitment and retention.
 - Once a site is designated, remain designated for 3 years and any new providers can apply for loan repayment. Site can also advertise as an “approved NHSC site” for LRP.
 - Current employees can also apply for loan repayment.

NHSC Site Requirements

- Site Requirements:
 - Utilize a sliding fee scale and serve all patients regardless of ability to pay
 - Accept patients covered by Medicare, Medicaid, and the Children's Health Insurance Program
 - Document sound fiscal management and maintain a competitive salary, benefits, and malpractice coverage for clinicians
 - Employ clinicians full time with at least 32 clinical hours per week
 - Only allow clinicians to practice at approved NHSC sites
 - Be prepared to provide reports to NHSC on clinician's hours and understand there may be a site visit
 - Requirements pertain to entire site, not just NHSC loan repayer
- APPLY! Currently site applications processed on a rolling basis – no set time of year to apply as in the past.
- Submit to NHSC and to Iowa PCO via fax simultaneously for review and approval. Site approval should take ~6 weeks.

Once a site is a designated site

- NHSC will list any vacancies the site has on their opportunities website.
- Sites will be asked to update their vacancies on a monthly basis via e-mail.
- Eligible providers can apply for loan repayment.
- Once provider begins 2-year loan repayment contract, site will be asked to report every six months on provider's hours to make sure they are maintaining 32 hours per week.
 - Reporting process (UDS reports) is currently delayed due to a contractor change with NHSC and information regarding reporting will be forthcoming from NHSC.

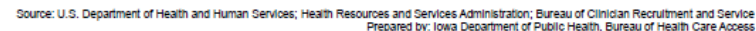
Provider Requirements

- Eligible providers:
 - Primary Care physicians (FP, IM, Peds, Ob/Gyn)
 - Primary Care Nurse Practitioners
 - Physician Assistants
 - Certified Nurse Midwives
 - Dentists
 - Dental Hygienists
 - Clinical Psychologists
 - Clinical Social Workers
 - Licensed Professional Counselors
 - Marriage and Family Therapists
 - Psychiatric Nurse Specialists
 - Psychiatrists

Loan Repayment to Clinicians

- \$50,000 in loan repayment for a two-year service obligation at the site.
 - Can lengthen service obligation at the end of 2 years for additional loan repayment funding.
 - 3rd year > up to \$35,000
 - 4th year > up to \$35,000
 - 5th year > up to \$25,000
 - 6th year > up to \$20,000
 - 7th year and beyond > up to \$15,000
 - Funds are wire-transferred to clinician's bank account and verification must then be provided that funds went directly to loan debt.
- Clinician must be providing full time clinical out-patient care described as 32 hours per week of clinical time. (Ob/Gyns, Midwives, and FPs doing OB have a few special considerations)
- Asked to attend loan repayment conference paid for entirely by NHSC.
- Clinicians who break 2-year obligation have severe repayment terms.
 - the total of the amounts paid by the United States to, or on behalf of, the participant under the NHSC LRP amendment contract for any period of obligated service not served; **and**
 - an amount equal to the number of months of obligated service not completed multiplied by \$7,500; **and**
 - interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

- As of November 24, 2009, 43 loan repayors and 2 scholars were working under NHSC obligation in Iowa.
- Around ~140 sites in Iowa are approved for LRPs or Scholars, they do not all currently have a clinician under obligation.



Resources

- NHSC Site Designation Questions
 - Bobbi Buckner Bentz, Iowa Primary Care Office
 - 515-281-7223, bbuckner@idph.state.ia.us
- Access NHSC information, site application or loan repayment application:
 - <http://nhsc.hrsa.gov/>

Side-by-Side NHSC/PRIMECARRE

NHSC	PRIMECARRE
Federally Administered	State Administered
All Federal Funds	1:1 State/Federal Funds
Requires Site Application and Designation	Does Not Require Site Application and Designation
First Come, First Serve (if eligible and submit all required documentation)	Competitive Process with Review Committee
Can be For-Profit Site	Only Public or Non-Profit Site
\$50,000 all providers (two years)	\$30,000 - \$60,000 depending on provider type and availability of funding (two years)
Two-year service contract	Two-year service contract
One-year amendments	Can re-apply in two-year increments

Conrad 30/J-1 Visa Waiver Program

Conrad 30/J-1 Visa waiver program

- State Primary Care Office utilizes Conrad 30 Program to support international medical graduates to practice in Iowa through a visa waiver.
- Physicians supported under J-1 visa waivers practice in Iowa for a minimum of 3 years.
- PCO has been using J-1 program since 1996.

Who are J-1 visa physicians?

- J-1 visa physicians are international medical graduates (IMGs) in the United States on a J-1 visa.
 - The J-1 visa is a visitor program that allows IMGs to remain in the United States while completing residency and fellowship training.
 - At the end of training, the J-1 visa requires IMGs to return to their home countries for a period of two years.
 - The Conrad 30/J-1 visa waiver program “waives” this two year requirement in exchange for three years of work in the state.

Conrad 30 Program

- Through the State Conrad 30 program, designated state agencies can request for the 2 year home residency requirement to be waived...
 - In Iowa, the Primary Care Officer within IDPH is the authorized designee to submit waiver requests to the Department of State on behalf of a physician.
 - The US Dept of State reviews and sends the request to the United States Customs and Immigration Services (USCIS) for final determination.
 - The PCO receives a letter from USCIS with the final determination.
- Each state is allowed 30 waivers per federal fiscal year with the intent of directing physicians to underserved areas as designated as a HPSA, MUP, or MUA.
 - However, the reauthorization of the program 18 months ago allowed each state to use up to 10 of their 30 waivers in areas not designated as HPSAs.
- In return for granting a physician a waiver, the physician must work full-time in the designated area for a period of at least 3 years.

Conrad 30 Program

- There are no federal Department of State requirements regarding physician specialty, rurality of practice site, or need determination beyond HPSA status and discretion of state officer.
- The “countdown” of the 30 slots allocated to each state begins October 1 of each year and ends September 31.
- Conrad 30 program sunsets at various intervals and has to be reauthorized. Reauthorizations do not occur at any regular interval.

Iowa J-1 Waiver Program

The State of Iowa waiver policy:

- Some requirements are federal immigration requirements, others are state-policies/priorities that can be adjusted as need be.
- Prioritization of waiver requests based on:
 - Primary care specialty, including psychiatry
 - Rurality of practice site
 - Site status as an FQHC – hold slots for FQHCs until March 1 to allow for recruiting
- Sites must document an inability to recruit for a specific position for a period of at least 6 months.
- Sites must make an argument for the necessity of the provider including information on patients to be served, unmet need in that specialty, % of patient population with Medicaid, Medicare, or without insurance, etc.
- Iowa does not use many undesignated slots per year – 2-3.
- Waiver requests accepted on a federal fiscal year basis beginning October 1.
- Most years, allocate all 30 slots, thus must prioritize and turn down requests.

Review of 2009 Allocated Waivers

- In 2009, the state supported 29 physicians on a J-1 waiver.
- 15 waivers went to primary care physicians including family medicine (2), internal medicine (4), pediatrics (2), general surgery (2), obstetrics (1), and psychiatry (4).
- 14 waivers went to specialists in a variety of areas – cardiology (2), neurology (3), nephrology (2), pulmonology (1), rheumatology (1), anesthesiology (1), pediatric gastroenterology (1), pediatric neurology (1), medical genetics (1), and an intensivist (1).
- 8 waivers were provided to physicians to practice in rural areas and 21 waivers were provided to physicians to practice in more urban areas of Iowa – including Federally Qualified Health Centers (3) and the University of Iowa (3).

Current 2010 Waiver reviews

- Fiscal year began October 1 – have since received 14 applications for review and have sent recommendations to Dept of State on 10 applications.
- Expecting to allocate 25-30 slots this year.
- Anecdotally – have heard from larger systems in Iowa that they are receiving more applications from US-trained physicians for open positions and do not have as great a need to use J-1s.

J-1 waivers in other states...

- Few states use all 30 waivers – those that do include (2008): Arizona, California, Florida, Illinois, Iowa, Kentucky, Massachusetts, Michigan, Missouri, New York, Pennsylvania, and Texas
- States contiguous to Iowa in 2008:
 - Illinois (30)
 - Minnesota (23)
 - Wisconsin (21)
 - South Dakota (7)
 - Nebraska (14)
 - Missouri (30)
- In 2009, many states do not anticipate using all 30 slots – even the “big” states in sunny areas, and requests have been slower.

J-1 Waiver Application Pitfalls...☹️

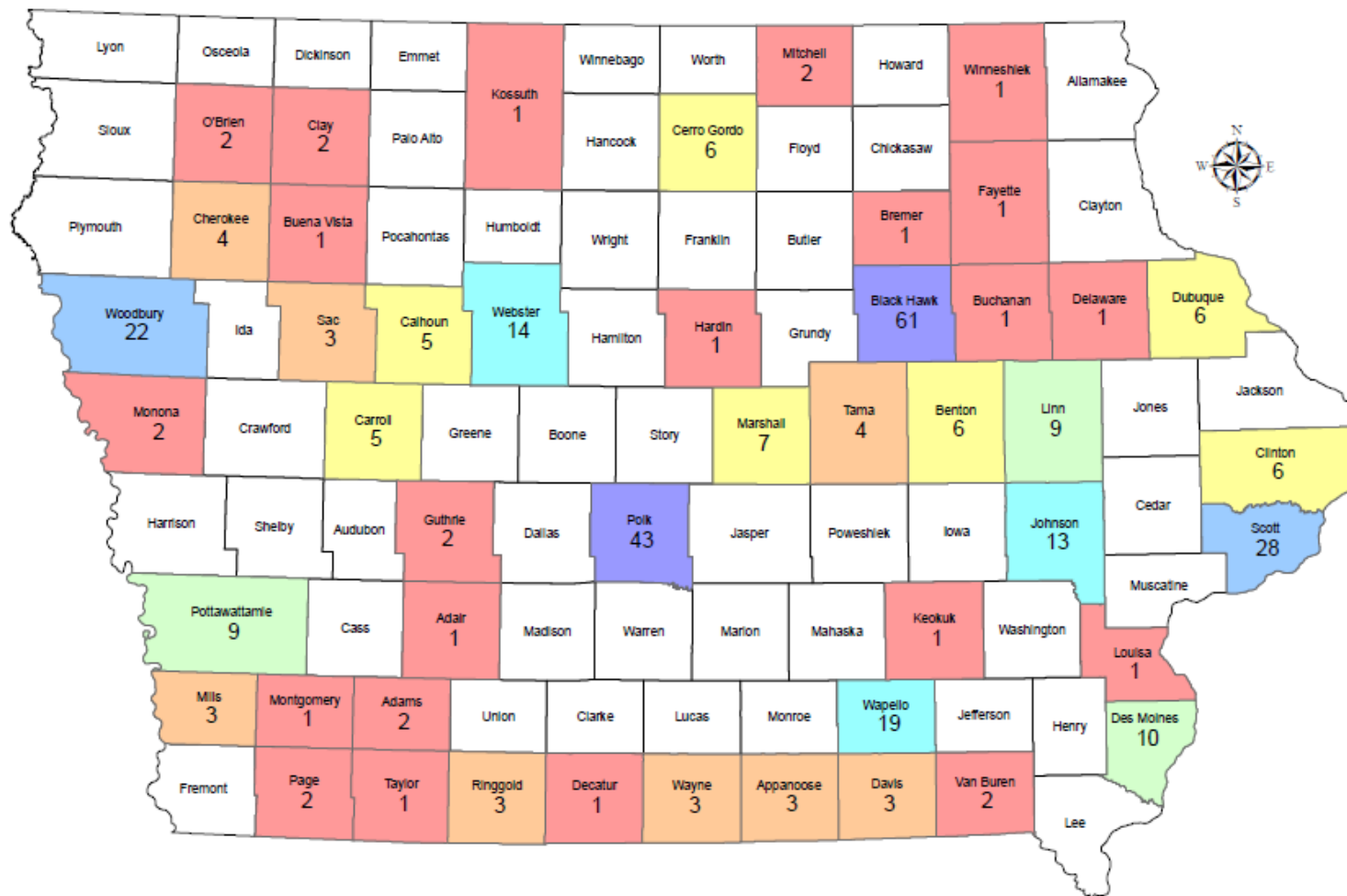
- Missing contact information for the attorney and employer and person who will annually report.
- Lack of information on the health facility itself and its patient population, including underserved patient population.
- Lack of documentation indicating at least 6 months of recruitment.
- Missing salary information.
- Letters of support greater than a year old.
- Lack of information on impact if waiver was denied.
- Letters of support for the wrong physician.
- Letters of support for the wrong position/employer.
- Information missing on physician's family members.
- Missing information on Iowa licensure.

Points to Ponder

- Preference for US trained docs, but 3 years better than nothing for some sites
- Most successful retention sites in larger cities and specialties with other long-term IMGs
 - Have been receiving more requests from specialty groups that have IMGs wanting to recruit more IMGs
 - Prioritization is for rural and primary care sites, although these aren't as successful long term placements
 - Fine balance between priority placements and long-term retention

J-1 Visa Physician Placements

1996 through 2009 by County



Legend

J-1 Visa Placements 1996 - 2009



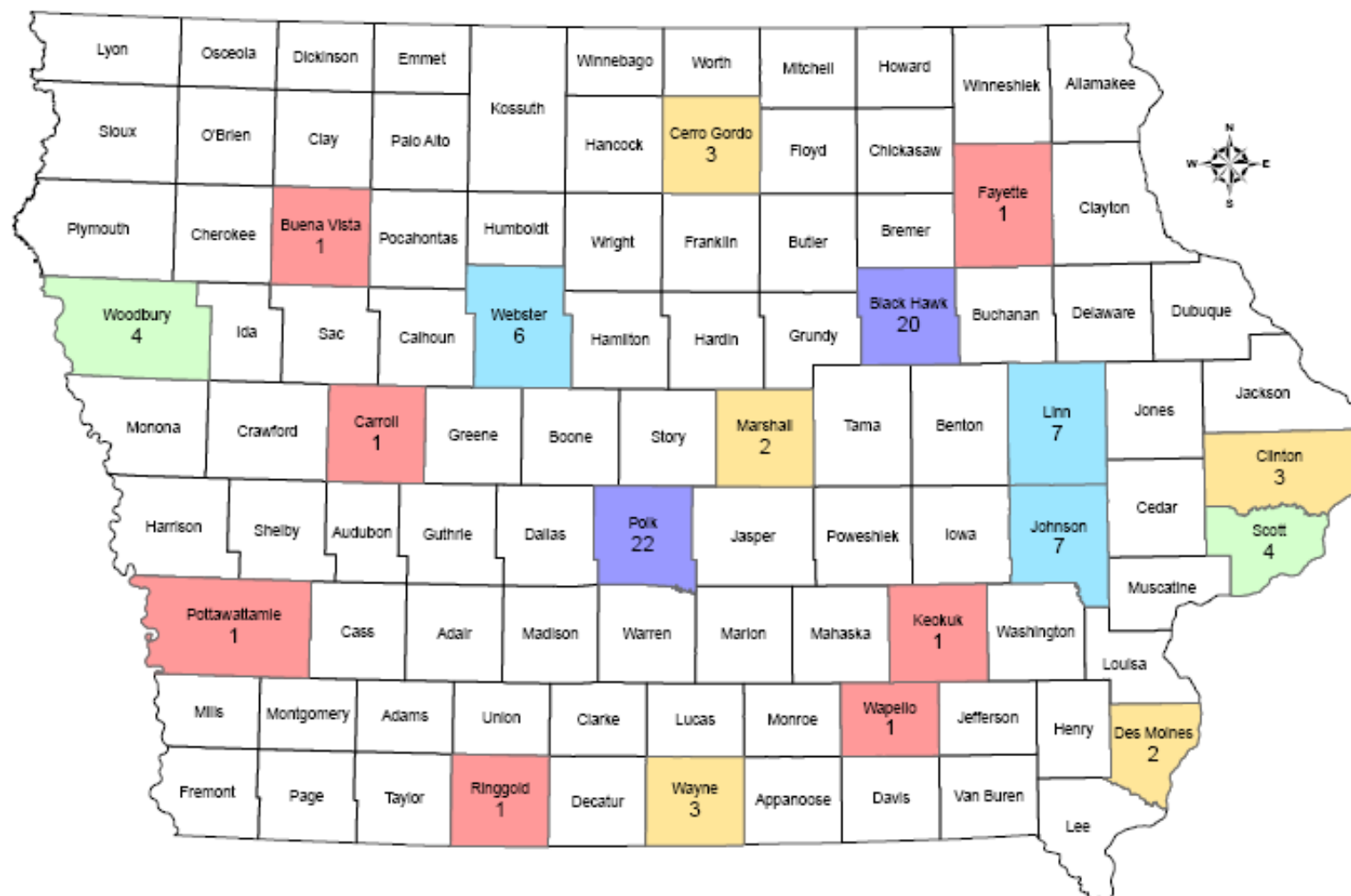
Map Symbols

State and County Borders

Source: Iowa Primary Care Office
Prepared by: Iowa Department of Public Health, Bureau of Health Care Access

J-1 Visa Physician Placements

2007 through 2009 by County



Legend

J-1 Visa Placements 2007 - 2009



Map Symbols

State and County Borders

Source: Iowa Primary Care Office

Prepared by: Iowa Department of Public Health, Bureau of Health Care Access

National Interest Waiver

- NIW not discussed as often
- PCO provides a letter of support saying physician's work in Iowa is "in the public interest".
- NIW's speed up permanent residency process
- NIW requires physician to work in a designated shortage area for a period of 5 years – of which the 3 years under the J-1 waiver apply
- PCO provides ~5-10 support letters per year

Transition of Conrad 30 Program

- Starting in FY 06, states started supporting more urban than rural waivers – trend continues
- In FY 03, states supported 982 waivers and in 2008 only 773
- Many J-1s are specialists – in 2001 78% of waivers were primary care and in 2008 51% were primary care
- Fewer J-1s in training in the US – diminished from 30% of IMG visas in 1999 to only 14% of IMG visas in 2008
- H1-B visa has become more prevalent among international medical graduates – from 7.7% of IMGs in 1999 to 16.2% of IMGs in 2008
- When program is re-authorized, pushes from some states to allow trading of waivers, expansion of number of waivers allowed per state, expansion of “flex waivers”, calls to make the program permanent

Resources

- J-1 Waiver/NIW Policy Questions
 - Bobbi Buckner Bentz, Iowa Primary Care Office
 - 515-281-7223, bbuckner@idph.state.ia.us
- Access State Conrad 30/J-1 Visa Waiver Policy
 - http://www.idph.state.ia.us/hpcdp/common/pdf/health_care_access/j1_visa_waiver.pdf